

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1	33	9	40

SEC USE ONLY								
Prefix	Serial							
DATE RECEIVED								

Filing Under (Check box(es) that apply): Type of Filing: New Filing Amend	Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE -
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the	issuer	05066661
Name of Issuer $(\ \ \]$ check if this is an amend	ment and name has changed, and indicate change.)	0000001
ENERGY GROUP OF AMERICA, INC.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
304 Flynn Road	BRANSON, MO 65166	417-334-4238
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business GAS AND OIL PRODUCTION, WITH AND DEVELOPMENTAL OIL AND GAS WELL Type of Business Organization	N EMPHASIS ON PROVIDING ENHANCED METH LS	HODS FOR REDEVELOPING LOW RISK
corporation li	imited partnership, already formed other (jimited partnership, to be formed	please specify): SIP 20 205
Actual or Estimated Date of Incorporation or O Jurisdiction of Incorporation or Organization: GENERAL INSTRUCTIONS	Month Year rganization: 3 0 5 Actual Esti (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	mated Finitions I
77d(6). When To File: A notice must be filed no later to	f securities in reliance on an exemption under Regulation D than 15 days after the first sale of securities in the offering	g. A notice is deemed filed with the U.S. Securities
	of the date it is received by the SEC at the address given be nited States registered or certified mail to that address.	pelow or, if received at that address after the date on
Where To File: U.S. Securities and Exchange 6	Commission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this notice photocopies of the manually signed copy or beautiful copies.	must be filed with the SEC, one of which must be manual at typed or printed signatures.	ly signed. Any copies not manually signed must be
	ain all information requested. Amendments need only reportant material changes from the information previously supp	
Filing Fee: There is no federal filing fee.		
ULOE and that have adopted this form. Issue are to be, or have been made. If a state require	n the Uniform Limited Offering Exemption (ULOE) for a response on ULOE must file a separate notice with the rest he payment of a fee as a precondition to the claim for the appropriate states in accordance with state law	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
this notice and must be completed.	ATTENTION —	

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

		1.1	A. BASIC IDE	INTI	FICATION DATA				
2. Enter the information red	quested for the fol	lowing).						
• Each promoter of the	ie issuer, if the iss	uer ha	s been organized w	ithin	the past five years;				
Each beneficial own	er having the pow	er to vo	ote or dispose, or dir	ect th	e vote or disposition of	of, 109	% or more o	f a clas	s of equity securities of the issuer.
Each executive office	cer and director of	f corpo	orate issuers and of	corpo	rate general and man	aging	partners of	partne	rship issuers; and
Each general and m					-	-		•	,
Check Box(es) that Apply:	Promoter	✓	Beneficial Owner	V	Executive Officer	1	Director		General and/or Managing Partner
Full Name (Last name first, if	individual)	•					_		·····
MARK A. COOK									
Business or Residence Addres 304 Flynn Road	s (Number and		City, State, Zip Co BRANSON, MO		6				
Check Box(es) that Apply:	Promoter		Beneficial Owner	$\overline{\Box}$	Executive Officer	П	Director		General and/or
			a chief and a chief	ш		Ш			Managing Partner
Full Name (Last name first, if	individual)								
Tun Name (Last name mst, m	marviduai)								
Business or Residence Address	s (Number and	Street,	City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or
Check Box(es) that Apply.	Fromoter		Belleficial Owlie	Ш	Executive Officer		Director		Managing Partner
Tall Manager (Tall and State Cont.)									
Full Name (Last name first, if	individual)								
		G	G: 0 G						····
Business or Residence Address	s (Number and	Street,	, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if	individual)								
	,								
Business or Residence Address	s (Number and	Street.	, City, State, Zip Co	ode)			_		
	•	ĺ							
Check Box(es) that Apply:	Promoter	$\overline{}$	Beneficial Owner		Executive Officer		Director		General and/or
oneen box(es) that rippiy.	Tromoter	ш	Beneficial Contes	لسا	Encount officer	Ш	Birector	لسسا	Managing Partner
Full Name (Last name first, if	(laubividual)						_		
run Name (Last name mst, n	individual)								
During During Adding	01	Character	City Create 71 C	- d - V					
Business or Residence Address	ss (Number and	Street,	, City, State, Zip Co	oae)					
			D # 110			_			G 1 1/
Check Box(es) that Apply:	Promoter	Ш	Beneficial Owner	Ш	Executive Officer	Ш	Director	Ш	General and/or Managing Partner
							19/710		
Full Name (Last name first, it	f individual)								
Business or Residence Address	ss (Number and	Street,	, City, State, Zip Co	ode)					
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or
oneen bon(es) that apply.	Tromoter	ليا	Denomination of the	Ш	Laccative Officer	Ц	5110001	Ш	Managing Partner
P. II M	e in dinid. W								
Full Name (Last name first, it	i individual)								
Business or Residence Address	ss (Number and	Street	, City, State, Zip Co	ode)					
			- PRINTED P						
	(Use bla	nk she	et, or copy and use	addit	ional copies of this s	heet, a	as necessary	ý)	

					B. II	NFORMATI	ION ABOU	T OFFERI	NG ·				****
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No			
	Answer also in Appendix, Column 2, if filing under ULOE.								, const	R			
2.	What is the minimum investment that will be accepted from any individual?								\$				
												Yes	No
3.			permit join									×	
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	l Name (Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (N	umber and	d Street, Ci	ty, State, Z	Cip Code)						
Nar	ne of Ass	sociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)		******************					☐ A1	States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
_													
Ful	l Name (.	Last name	first, if indi	ividual)									
Bus	siness or	Residence	Address (?	Number an	d Street, C	ity, State, 2	Zip Code)						
Nar	me of Ass	sociated Br	oker or De	aler									
Sta	tes in Wh	nich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)							☐ Al	l States
	AL	AK	AZ	AR	CA	CO	СТ	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK WI	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Ful	l Name (Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)						
Naı	me of As	sociated Br	oker or De	aler									
Sta	tes in W	nich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	}				_	
	(Check	"All States	" or check	individual	States)		••••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••••			☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount a sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, this box \(\) and indicate in the columns below the amounts of the securities offered for exchanalready exchanged.	check	
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s 0.00	§ 0.00
	Equity		\$ 475,000.00
	☐ Common ☐ Preferred	·	
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, in the number of persons who have purchased securities and the aggregate dollar amount of purchases on the total lines. Enter "0" if answer is "none" or "zero."	ndicate	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ 475,000.00
	Non-accredited Investors		\$ 0.00
	Total (for filings under Rule 504 only)	<u>0</u>	\$_0.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all sec sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior first sale of securities in this offering. Classify securities by type listed in Part C — Questi	to the	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	•	\$ 0.00
	Regulation A		\$ 0.00
	Rule 504		\$_0.00
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution securities in this offering. Exclude amounts relating solely to organization expenses of the i The information may be given as subject to future contingencies. If the amount of an expend not known, furnish an estimate and check the box to the left of the estimate.	of the nsurer.	<u> </u>
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) OFFERING EXPENSES		\$ 75,000.00
	Total		\$_75,000.00

	CORPERNS POLE	TO JOHR BY LIVE ENTURE THE BRIDGE AND U	ar of proceeds	
	and total expenses furnished in response to Part	offering price given in response to Part C — Que C — Question 4.a. This difference is the "adjust	ed gross	\$_4,925,000.00
5.	each of the purposes shown. If the amount i	or any purpose is not known, furnish an estimatel of the payments listed must equal the adjust-	nate and	
			Payments to Officers,	0
f			Directors, & Affiliates	Payments to Others
				□ \$
	Furchase, sental or leasing and installation of	f machinety		тт¢
		d facilities	_	
			······································	LJ *
	Acquisition of other businesses (including the offering that may be used in exchange for the			
	Other (specify): OIL AND GAS PRODUCT	TION		\$ 3,000,000.00
sig		to furnish to the U.S. Securities and Exchange	his notice is filed under Ru Commission, upon writte	ic 505, the following
				
	over (Print or Type)	Signature	SEPTEMBER 1	2005
	NERGY GROUP OF AMERICA, INC.		SEI TEMOLITY	
	une of Signer (Print or Type) NRK A. COOK	Title of Signer (Print or Type)		
	THE RESERVE TO THE PARTY OF THE	CEO		
		•		
_		ATTENTION		
	Intentional misstatements or omis	sions of fact constitute federal criminal	iolations. (See 18 U.S	.C. 1001.)
1		and a common warranter team and a common and		

s of 9

t.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	区 20

See Appendix, Column 5, for state response.

- Hie undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form U(17 CFR 239.500) at such times as required by state taw.
- The undersigned issues hereby undertakes to furnish to the state administrators, upon written request, information furnished by the
- Ine undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The lastice has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly hathorized person.

Issuer (Print or Type)	Signature	Date
ENERGY GROUP OF AMERICA, INC.		SEPTEMBER 1, 2005
Name (Print or Type)	Title (Print or Type)	
MARK A. COOK	CEO	

please Copies.

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or hear typed or printed signatures.

6 of 9

				Al	PPENDIX			<u>, </u>	
1	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and rchased in State C-Item 2)		Disquali under Sta (if yes, explana waiver (Part E-	ification ate ULOE attach ation of granted)
State	Yes	No	,	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK								1 / Ziriakaza ya Sila	
AZ									
AR									
CA	and have a management	×	COMMON \$1.00	5	\$475,000.00				×
СО									
СТ									
DE		,							
DC									
FL						- 1811			
GA									
HI									
ID									
IL						-2-BI			
IN		AN THE RESIDENCE COMMUNICATION OF THE PARTY							
IA									
KS									
KY									41.40 km nt 150 t in 4000 C00 1000000
LA									
ME	Of the second second second second second second								
MD									
MA									
MI									
MN								77007311	
MS									

APPENDIX 3 1 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach offering price Type of investor and to non-accredited explanation of offered in state amount purchased in State waiver granted) investors in State (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors No State **Investors** Yes Amount Amount MO MTNE NV NH NJ NMNY NC ND OH OK OR PARI SC SD TNTXUT VT VA WAWVWI

				APP	ENDIX		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	the second of th
1		2	3		4				
	to non-a	I to sell accredited as in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE , attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									